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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

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Registration Section

TO:

| Division of Cor               | porations                                    |  |  | · '\        |
|-------------------------------|--|--|--|-------------|
| Parrish Ne                    | exus LLC                                     |  |  |             |
| SUBJECT:                      | Name of Lin                                  | nited Liability Company  |  |             |
| The enclosed Articles of      | Amendment and fee(s) are sub-                | omitted for filing.  |  |             |
| Please return all correspo    | ondence concerning this matter               | to the following:  |  |             |
|                               | Lisa B. Lia, Esq.                            |  |  |             |
|                               |  | Name of Person   |  |             |
|                               | Parrish Nexxus LLC                           |  |  |             |
|                               |  | Firm/Company   | <del></del>  |             |
|                               | 795 Rosemary Circle                          |  |  |             |
|                               |  | Address  |  | ~;          |
|                               | Bradenton, Fl. 34212                         |  |  |             |
|                               | Embotille de la com                          | City/State and Zip Code  |  |             |
|                               | lisalia@jlbrady.com<br>E-mail address: (     | to be used for future annual report no                           | tification)  |             |
| For further information e     | oncerning this matter, please c              | all:   |  |             |
| Lisa Lia                      |  | 914 602-4805   | _  | <br>        |
| Name o                        | f Person                                     | at ()<br>Area Code Daytii  | me Telephone Number                                      |             |
| Enclosed is a check for th    | ne following amount:                         |  |  |             |
| ■ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co tadditional cop | of Status & |
| Mailing Addres Registration S |  | Street Address:<br>Registration Se                               | ection   |             |
| Division of C<br>P.O. Box 632 | orporations                                  | Division of Co<br>The Centre of                                  | orporations  |             |
| Tallahassee, I                |  |  | oe Street, Suite 810                                     |             |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Parrish Nexxus LLC  |   |  |
|---|---|--|
| ( <u>Name of the Limited Liability (</u> A Florida Li   | Company as it now appears mited Liability Company)                              | on our records.)   |
| The Articles of Organization for this Limited Liability Con-<br>Florida document number 1.23000255337   | npany were filed on May   | 24, 2023 and assigned  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited  | d liability company her   | <u>e</u> :   |
| he new name must be distinguishable and contain the words "Limited  | Liability Company," the des   | ignation "LLC" or the abbreviation "L.L.C."                                  |
| Enter new principal offices address, if applicable:   |   |  |
| Principal office address MUST BE A STREET ADDRES  | <u> </u>  |  |
|   |   | •  |
|   |   | ·  |
| Inter new mailing address, if applicable:   |   |  |
| Mailing address MAY BE A POST OFFICE BOX)   |   | <u>·.</u>  |
|   |   |  |
| 3. If amending the registered agent and/or registered of agent and/or the new registered office address here:   | ffice address on our rec  | ords, enter the name of the new regist                                       |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
|   | Enter Florid  | a street address   |
|   |   | , Florida<br>Zip Code  |
|   | City  | Zip Code   |
| Sew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compecept the obligations of my position as registered agent ening filed to merely reflect a change in the registered company has been notified in writing of this change. | l agree to act in this ca<br>plete performance of n<br>it as provided for in Ch | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                 | Address             | Type of Action |
|--------------|-----------------------------|---------------------|----------------|
| MGR          | JI. Brady Real Estate, Inc. | 795 Rosemary Circle | <b>≅</b> Add   |
|              |                             | Bradenton, FL 34212 | □Remove        |
|              |                             |                     | □ Change       |
|              |                             | <del> </del>        | □AdJ           |
|              |                             |                     | Remove         |
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| a member-managed compan   | as stated in the initial | Articles of Organiza    | ation. New managing m                                    | ember is   |
|---|--------------------------|-------------------------|--|--|
| JL Brady Real Estate, Inc.  |                          | ~                       |  |  |
| <del></del>   |                          |                         | <del></del>  |  |
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| fective date, if other than the neffective date is listed, the date munter: If the date inserted in this becument's effective date on the I | lock does not meet the   | applicable statutory    | or more than 90 days after<br>filling requirements, this | onal)<br>filing.) Pursuant to 605.020<br>date will not be listed a |
| cord specifies a delayed effecti<br>is filed.   | e date, but not an effec | etive time, at 12:01 a  | i.m. on the earlier of: (b                               | The 90th day after th  |
| August 8  | . 2023                   | ·                       |  |  |
|   |                          | // `                    |  |  |
|   | Signature of a metubor   | or authorized represent | ative of a member  |  |

Filing Fee: \$25.00